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PLACE OF BIRTH  
County of Magdalen ARIZONA STATE BOARD OF HEALTH  
District of Taylor BUREAU OF VITAL STATISTICS  
Town of Taylor ORIGINAL CERTIFICATE OF BIRTH  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
State Index No. 139  
Co. Register No. 7  
Local Registrar's No. 7

FULL NAME OF CHILD Frank Jennings Bates } Born } NO  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } X YES

Sex of Child <u>Male</u>	Twin, Triplet or other <u>one</u>	and	Number in order of birth <u>0</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 21</u> 19 <u>21</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>La Salle Monford Bates</u>			Full Maiden Name <u>Hellie May Jennings</u>		
Residence <u>Taylor</u>			Residence <u>Taylor</u>		
Color or Race <u>White</u>		Age at last Birthday <u>28</u> (Years)	Color or Race <u>White</u>		Age at last Birthday <u>30</u> (Years)
Birthplace <u>Moenava Arizona</u>			Birthplace <u>Taylor Arizona</u>		
Occupation <u>Famer</u>			Occupation <u>House Wife</u>		
Number of child of this mother <u>5</u>	Number of Children, of this mother, now living <u>4</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
I hereby certify that I attended the birth of the above child; and that it occurred on June 21 1921, at P M.

\*When there is no attending physician or midwife, then the householder should make this return.  
(Signature) Harriet Allen  
(Attending physician, midwife, householder.\*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_  
Address \_\_\_\_\_  
Filed June 26 1921  
622-621-512 A True Copy  
COUNTY REGISTRAR. Filed July 5 1921  
Eliza Wakefield LOCAL REGISTRAR.  
Smith COUNTY REGISTRAR.